

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022399

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6035

STATE FILE NUMBER

FILED JUN 13 1963

VS 300  
Rev. 4/59

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DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|                                                                                                                                                                                                                                                                                                                                        |                                                                                                           |                                                                                                                                                                                 |                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY                                                                                                                                                                                                                                                                                                         |                                                                                                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY                                                            |                                                                            |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis                                                                                                                                                                                                                                                         |                                                                                                           | Length of stay in 1b<br>2 1/2 hours                                                                                                                                             |                                                                            |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Christian Hospital                                                                                                                                                                                                                                      |                                                                                                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                            |                                                                            |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br>Lois L Westholt                                                                                                                                                                                                                                                         |                                                                                                           | 4. DATE OF DEATH<br>Month Day Year<br>June 7 1963                                                                                                                               |                                                                            |
| 5. SEX<br>female                                                                                                                                                                                                                                                                                                                       | 6. COLOR OR RACE<br>white                                                                                 | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>                     | 8. DATE OF BIRTH<br>7-24-1935                                              |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>File Clerk                                                                                                                                                                                                                              |                                                                                                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>American Auto Insurance                                                                                                                    |                                                                            |
| 11. BIRTHPLACE (City and state or country)<br>St. Louis, Mo.                                                                                                                                                                                                                                                                           |                                                                                                           | 12. CITIZEN OF WHAT COUNTRY<br>U.S.A.                                                                                                                                           |                                                                            |
| 13a. FATHER'S NAME<br>Alvin Plume                                                                                                                                                                                                                                                                                                      |                                                                                                           | 13b. MOTHER'S MAIDEN NAME<br>Bernice Wolf                                                                                                                                       |                                                                            |
| 14. NAME OF HUSBAND OR WIFE<br>Kenneth E. Westholt                                                                                                                                                                                                                                                                                     |                                                                                                           | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>No                                                               |                                                                            |
| 16. INFORMANT<br>Mr. Alvin Plume, 919 Harlan Avenue                                                                                                                                                                                                                                                                                    |                                                                                                           | 17. ADDRESS<br>919 Harlan Avenue                                                                                                                                                |                                                                            |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i><br>DUE TO (b) <i>Chronic Hypertension (1-2 yrs)</i><br>DUE TO (c) <i>331X</i><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                                                                                                           | INTERVAL BETWEEN ONSET AND DEATH                                                                                                                                                |                                                                            |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                                                                                                                                                                                                      |                                                                                                           | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |                                                                            |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                                                                                                      | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)                                                                                    |                                                                            |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year                                                                                                                                                                                                                                                                              | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |                                                                                                                                                                                 |                                                                            |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                                                                                                                                                                                                                                               |                                                                                                           | 20f. CITY, TOWN, OR LOCATION<br>County STATE                                                                                                                                    |                                                                            |
| 21. I attended the deceased from <i>3-4-63</i> to <i>June 6-63</i><br>Death occurred at <i>8:00 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.                                                                                                                                            |                                                                                                           | 22. SIGNATURE (Name or title)<br><i>John A. King</i>                                                                                                                            |                                                                            |
| 22b. ADDRESS<br><i>8901 N Broadway</i>                                                                                                                                                                                                                                                                                                 |                                                                                                           | 22c. DATE SIGNED<br><i>6/6/63</i>                                                                                                                                               |                                                                            |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal                                                                                                                                                                                                                                                                                   | 23b. DATE<br>June 10, 1963                                                                                | 23c. NAME OF CEMETERY OR CREMATORY<br>St. John's Cemetery                                                                                                                       | 23d. LOCATION (City, town, or county) (State)<br>St. Louis County Missouri |
| 24. FUNERAL DIRECTOR<br>Math Hermann & Son, Inc., 2161 E. Fair Ave<br>St. Louis, Missouri                                                                                                                                                                                                                                              |                                                                                                           | 25. DATE RECD. BY LOCAL REG.<br>JUN 8 1963                                                                                                                                      |                                                                            |

USE BLACK INK

OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_  
*Alfred W. Hay*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*3737*

*St. James Ave.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.